

MEMORANDUM

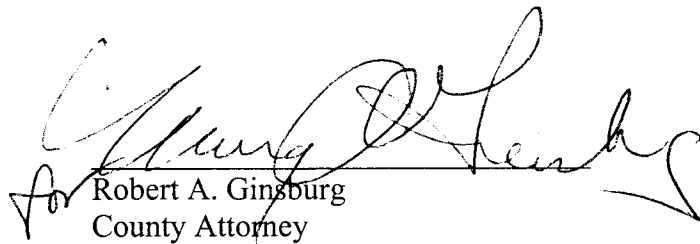
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AGENDA ITEM NO. 2 (H)

TO: Honorable Chairperson Barbara Carey-Shuler, Ed.D. and Members, Board of County Commissioners **DATE:** January 15, 2004

FROM: Robert A. Ginsburg
County Attorney **SUBJECT:** In-kind services to El Memorial Cubano for a memorial event at Tamiami Park

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Joe A. Martinez.


Robert A. Ginsburg
County Attorney

RAG/bw



MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: February 3, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Agenda Item No.

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No.

2-3-04

RESOLUTION NO. _____

RESOLUTION AUTHORIZING PROVISION OF IN-KIND
SERVICES TO EL MEMORIAL CUBANO FOR A MEMORIAL
EVENT ON FEBRUARY 20 AND 23, 2004 AT TAMIAMI PARK IN
AN AMOUNT NOT TO EXCEED \$53,142

WHEREAS, El Memorial Cubano, a non-profit organization, has requested a provision of the following in-kind services: 1) use of the Park and Recreation Department stage and sound system, valued at \$13,585; 2) services from the Miami-Dade Police Department, valued at \$16,157; 3) personnel services from Miami-Dade Fire Rescue, valued at \$9,240; 4) use of two of Miami-Dade Fire Rescue's golf carts, valued at \$6,160; and 5) services from Miami-Dade Solid Waste, valued at \$ 8,000 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the memorial event at Tamiami Park is a County-wide event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes a provision of in-kind services as set forth above from the Miami-Dade Park and Recreation Department, the Miami-Dade Police Department, Miami-Dade Fire Rescue, and Miami-Dade Solid Waste in an amount not to exceed \$53,142 for El Memorial Cubano's memorial event at Tamiami Park on February 20 and 23, 2004.

The foregoing resolution was sponsored by Commissioner Joe A. Martinez and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson

Katy Sorenson, Vice-Chairperson

Bruno A. Barreiro

Betty T. Ferguson

Joe A. Martinez

Dennis C. Moss

Natacha Seijas

Sen. Javier D. Souto

Jose "Pepe" Diaz

Sally A. Heyman

Jimmy L. Morales

Dorrian D. Rolle

Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of February, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

mmc

Mariela Martinez-Cid

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**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☒ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: _____

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): JUMA GARCIA
MEMORIAL CUBANO 6600 SW 24 ST MIAMI FL 33155
305-666-0330 FAX-305-666-0330 (info@MEMORIALCUBANO.ORG)

4. Specify fee waiver or in-kind service requested (quantify, if applicable): 2 PORTABLE TOILETS - 1 WASTE CONTAINING
2 CANVAS (10'X20'), SOUND SYSTEMS - STAGE - SECURITY - POLICE
SERVICES - RESCUE SERVICES - 2 GOLF CARTS (FOR ELDERLY & HANDICAP)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): MEMORIAL CUBANO
DATE: FEB-18 TO FEB-25th. SIMULATE CEMETERY IN WHICH ALL THE
VICTIMS OF THE CUBAN COMMUNIST REGIME AS OF JANUARY 1, 1959
ARE HONORED

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☒ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): _____

MIAMI PARK

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: EDUCATIONAL, HISTORICAL, INFORMATIVE
THIS ACTIVITY WILL INFORM THE NEW GENERATIONS OF ALL
THE VICTIMS OF FIDEL CASTRO'S REGIME, AND THE MEANING
OF FREEDOM & DEMOCRACY
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): ATTACHED
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): ATTACHED
11. Expected number of participants and estimated attendance (per day, if applicable): approx. 6500 PER DAY
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): ATTACHED

I hereby certify that all the statements made in this application are true and correct.

[Signature]
Signature of Authorized Representative

11/19/2003
Date